

# AccuReview

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**[Date notice sent to all parties]:** November 18, 2015

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient Surgery, Left Knee Arthroscopy W/Medial Meniscectomy, Chondroplasty and Partial Synovectomy

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This physician is Board Certified in Orthopaedic Surgery with over 14 years of experience.

## **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is male whom reported left knee pain after a work related injury on or about, when he fell at work.

Office Visit. CC: right knee pain described as sharp, stabbing and severe, continuous, 7/10 pain. He also reported snapping/popping, swelling, and pain with activity. Symptoms are worse with weight bearing, standing, kneeling, bending, and climbing stairs, twisting, moving, walking, and lifting. Treatments tried previously to relieve symptoms include ice, rest, elevation, immobilization, and narcotic medication. ROS: musculoskeletal: joint pain. Past Surgical History: Knee scoped twice. Medications: Amlodipine Besylate, Metoprolol Tartrate, Diovan, Lipitor. PE: Right Knee Exam: minimal effusion, pain/tenderness to medial, medial joint line; patella: pain medially with valgus stress of knee. Right Knee X-ray: there is no evidence of acute fracture or dislocation. There is mild arthritis noted in the medial compartment. Impression: Right Knee MCL Sprain. Claimant fitted for and place right knee brace. Claimant may return to work with restrictions and to remain weight bearing as tolerated.

Office Visit. CC: left knee pain. Claimant indicated that symptoms have improved, current pain 4/10. Medications: Duexis 800-26.6, Amlodipine Besylate, Metoprolol Tartrate, Diovan, Lipitor. PE: Left Knee: normal gait, neurovascularly intact. Impression: Left Knee MCL Sprain. Orders written for therapy and treatment two times a week for four weeks. Claimant may return to work with restrictions and remain weight bearing as tolerated, F/U in 1 month.

Office Visit. CC: left knee pain, unchanged. He continued to have night pain, pain with activities and daytime pain with rest. PE: Left Knee Exam: Pain/tenderness: improving slightly with therapy, but still severe enough at times he

felt like going to ER. Impression: Left Knee MCL Sprain. Prescription for Tramadol HCL 50mg, MRI of the left knee without contrast ordered, and return to work with restrictions, F/U 2 weeks.

Knee wo Contrast MRI. Impression: Status post partial medial meniscectomy without recurrent displaced tear. Medially extruded body segment. Probable grade 1 MCL sprain. Baseline moderate synovial thickening in the deep medial collateral ligament bursa with multilobulated ganglion cyst extending anteriorly deep to the medial collateral ligament complex. Moderate to severe chondromalacia patella femoral compartment. Severe chondromalacia medial compartment.

Office Visit. CC: left knee pain. PE: Left Knee Exam: Pain/tenderness: medial joint line. Impression: Left Knee MCL sprain and chondral flap. Recommend injection, received today with lidocaine, Marcaine, and depo-medrol. Orders were written for therapy evaluation and treatment two times a week for four weeks, return to work with restrictions and remain weight bearing as tolerated, F/U one month.

Office Visit. CC: left knee pain. PE: Left Knee Exam: Pain/tenderness: medial, shot helped temporarily, but the more active the claimant is, the more he tries to exercise, the worse the pain becomes. Impression: Left knee MCL sprain and chondral flap. Refer for surgical evaluation, may return to work with restrictions.

Office Visit dictated. CC: diffuse left knee pain described as sharp and mild, 3/10 pain. PE: Left Knee Exam: pain/tenderness: medial; Meniscus: McMurray Test positive. Impression: left knee internal derangement; unstable articular cartilage. The claimant's symptoms are consistent with internal derangement and the MRI showed unstable articular cartilage. Recommend left knee arthroscopy with medial meniscectomy, chondroplasty and partial synovectomy. The claimant may continue protected activity and remain weight bearing as tolerated, F/U 10-16 days after surgery.

UR. Reason for denial: There is a clinical indication to perform a knee arthroscopy to address the extruded segment of the medial meniscus. This would be a function of the compensable event and is warranted. However, there are marked degenerative changes to include chondromalacia and synovitis, which do not require arthroscopic intervention. AS outlined in the ODG surgery for such osteoarthritis is not recommended. However, as no peer contact could be established, a partial certification could not be negotiated. As such, the request is considered not medically necessary in its entirety.

UR. Reason for denial: The ODG indicate that the criteria for meniscectomy procedure includes physical complaints and objective findings consistent with a meniscus tear, as well as a tear identified on imaging studies. The injured claimant does not complain of any mechanical symptoms, such as locking, clicking, popping, or giving way. Additionally, there is evidence of a prior meniscectomy on physical examination but no recurrent tear. Furthermore, there is severe chondromalacia of the medial compartment and the guidelines do not recommend a meniscectomy for individuals with advanced arthritis. For these multiple reasons, this request for a left knee arthroscopy with medial meniscectomy, chondroplasty and partial synovectomy is not medically necessary.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The request for left knee arthroscopy with medial meniscectomy, chondroplasty and partial synovectomy is denied. The Official Disability Guidelines (ODG) support partial meniscectomy for the patient with a documented meniscal tear, who remains symptomatic following a course of conservative care. Advanced arthritis of the knee is a contraindication to partial meniscectomy. Chondroplasty can be considered in the patient with chondral defects identified on MRI, who has failed conservative care. Debridement or shaving of cartilage is typically performed on moderate-degree chondromalacia. There is no role for this procedure in patients with advanced arthritis. This claimant has no evidence of meniscal tear on MRI. He does not require a partial meniscectomy of his medial meniscus. He has severe medial compartment chondromalacia. The long-term benefit of chondroplasty for this patient is limited. Therefore, after reviewing the medical records and documentation provided, the request for Outpatient Surgery, Left Knee Arthroscopy W/Medial Meniscectomy, Chondroplasty and Partial Synovectomy is denied.

Per ODG:

Meniscectomy	<p><b><i>Risk versus benefit:</i></b> The advantage of most surgery to treat meniscus tears appears to be limited to short term relief of pain and mechanical catching, but not prevention of eventual osteoarthritis. Due to loss of meniscal cushioning following acute traumatic tears with or without additional removal of meniscal tissue (partial meniscectomy), OA progression simply becomes inevitable. Primary surgical repair of meniscus tears when feasible offers the best hope of joint preservation, but is associated with the risks of slower recovery and a relatively high re-tear rate often requiring additional surgery. The benefit of surgery for atraumatic tears or in the presence of significant OA drops off dramatically and may even be harmful, further accelerating OA progression. The ideal patients for meniscus surgery are younger, with smaller or repairable traumatic tears associated with mechanical symptoms, and no associated OA. Due to the unsolved issue of OA progression despite surgery, many indications for surgery in the past are now being questioned.</p> <p><b>ODG Indications for Surgery™ -- Meniscectomy:</b> <b>Criteria</b> for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT. <b>1. Conservative Care:</b> (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND ( Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS <b>2. Subjective Clinical Findings (at least two):</b> Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS <b>3. Objective Clinical Findings (at least two):</b> Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS  <b>4. Imaging Clinical Findings:</b> (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (<a href="#">Washington, 2003</a>)</p> <p>For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay</a> (LOS).</p>
Chondroplasty	<p><b>ODG Indications for Surgery™ -- Chondroplasty:</b> <b>Criteria</b> for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following: <b>1. Conservative Care:</b> Medication. OR Physical therapy. PLUS <b>2. Subjective Clinical Findings:</b> Joint pain. AND Swelling. PLUS  <b>3. Objective Clinical Findings:</b> Effusion. OR Crepitus. OR Limited range of motion. PLUS  <b>4. Imaging Clinical Findings:</b> Chondral defect on MRI  (<a href="#">Washington, 2003</a>) (<a href="#">Hunt, 2002</a>) (<a href="#">Janecki, 1998</a>)</p> <p>For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay</a> (LOS).</p>

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)